Matrix 1:
MEPS HC Data Items by Public Use File Number
for Full Year and Point-in-Time Files

Data Item	1996					1997			1998	1999
	HC001 [a]	HC006R [c]	HC007 [d]	HC012 [b, e]	HC017 [f]	HC005 [a]	HC015 [b]	HC019 [d]	HC009 [a]	HC013 [a]
IDENTIFIERS										
Dwelling unit	x	x	x	x	x	x	x	x	x	x
Person	x	x	x	x	x	x	x	x	x	x
Family	x			x		x	x		x	x
Reporting unit	x			x		x	x		x	x
Establishment			x		x			x		
Policyholder					x					
Condition		x								
Panel						x	x		x	

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SURVEY ADMINISTRATION AND ELIGIBILITY STATUS										
Eligibility, response status	x	x		x		x	x		x	x
Interview date	x					x			x	x
Reference period dates	x	x		x		x	x		x	x
Respondent identifier	x			x		x	x		x	x
DEMOGRAPHICS										
Census region	x			x		x	x		x	x
MSA status	x			x		x	x		x	x
Age	x			x		x	x		x	x
Month, year of birth	x			x		x	x		x	x

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Sex	x			x		x	x		x	x
Race	x			x		x	x		x	x
Race/ethnicity	x			x		x	x		x	x
Hispanic ancestry	x			x		x	x		x	x
Education	x			x		x	x		x	x
Veteran status	x			x			x			
Current military service	x			x		x	x		x	x
Student status, age 17-23	x			x		x	x		x	x
FAMILY RELATIONSHIPS										
Marital status	x			x		x	x		x	x
Parent identifiers				x			x			

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Spouse identifier	x			x		x	x		x	x
Reference person identifier	x			x		x	x		x	x
Relationship to reference person	x			x		x	x		x	x
Family size				x		x	x		x	x
Reporting unit size	x			x		x	x		x	x
Type of reporting unit	x			x		x	x		x	x
HEALTH STATUS AND ATTITUDES										
Height and weight, age 0-17				x			x			

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Health status, age 0-17				x			x			
Health practices - preventive care				x						
Health practices - alternative care		x		x						
Perceived health status	x			x		x	x		x	x
Perceived mental health status	x			x		x	x		x	x
ICD-9 codes		x								
Specifics about condition		x								
Immunizations, age 0-6				x			x			
Dental status				x						

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ADL/IADL difficulties	x			x		x	x		x	x
Use of assistive equipment/ devices	x			x		x	x		x	x
Limitations, adults	x			x		x	x		x	x
Limitations, children				x			x			
Social problems, age 5-17				x			x			
Special education/ therapies, age 5-17				x			x			
Vision, hearing				x			x			
Pregnancy, births				x			x			
Disability days				x						

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ACCESS TO CARE										
Usual source of care (USC)				x						
Characteristics of USC				x						
Reasons for no USC				x						
Barriers to care				x						
EMPLOYMENT										
Employment status	x		x	x		x	x	x	x	x
Wage rate	x		x	x		x	x	x	x	x
Income from job			x	x			x	x		
Hours worked per week	x		x	x		x	x	x	x	x

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Job start date			x	x			x	x		
Job stop date			x					x		
# of employees	x		x	x		x	x	x	x	x
Union membership	x		x	x			x	x		
Industry, occupation codes			x	x			x	x		
Other job characteristics	x		x	x			x	x		
Job change, reason				x			x			
Change in wages, full/part time			x					x		
Job benefits	x		x	x			x	x		
Retirement status	x		x	x			x	x		

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Reason not working			x	x			x	x		
Start, end times			x	x			x	x		
Self employed or not	x		x	x		x	x	x	x	x
INCOME										
Poverty status				x			x			
Total person income				x			x			
Sources of income				x			x			
Income source imp. flags				x			x			
Income tax filing status				x			x			
Income tax information				x			x			

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Purchase of food stamps				x			x			
INSURANCE										
Health insurance from employment	x		x	x		x	x	x	x	x
Medicare coverage @ interview	x			x		x			x	x
Medicare coverage each month				x			x			
CHAMPUS/VA coverage @ interview	x			x		x			x	x
CHAMPUS/VA coverage each month				x			x			

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Medicaid coverage in ref. per.	x			x						
Medicaid coverage each month				x			x			
Public coverage in ref. period	x			x		x			x	x
Public coverage each month				x			x			
Private coverage in ref. period	x			x		x			x	x
Private coverage each month				x			x			
Insured/uninsured in ref. per.	x			x		x			x	x

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Insured/uninsured each month				x			x			
Sources of private insurance	x			x						
Sources of private insurance each month				x			x			
Policyholder of plan	x			x	x					
Policyholder of plan each month				x			x			
HMO/managed care enrollment				x						
Abstracted plan information					x					

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HEALTH CARE UTILIZATION										
# office-based provider visits		x		x						
# office-based physician visits				x						
# office-based nonphysician visits				x						
# office-based visits to specific providers: chiropractors, nurse practitioners, optometrists, physician assistants, physical/ occupational therapists				x						

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# outpatient department visits		x		x						
# outpatient physician visits				x						
# outpatient nonphysician visits				x						
# emergency room visits		x		x						
# zero-night hospital stays				x						
# hospital inpatient stays		x		x						
# nights spent in hospital				x						

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# home health provider days				x						
# months with home health care				x						
# home health events		x								
# prescribed medicine purchases				x						
# dental visits		x		x						
# orthodontist visits				x						
# alternative care visits				x						

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TOTAL CHARGES, TOTAL EXPENDITURES, and EXPENDITURES by SOURCE OF PAYMENT [1]										
All				x						
Office-based				x						
Office-based physician				x						
Office-based nonphysician				x						
Office-based chiropractor				x						
Office-based nurse practitioner				x						

[1] Family, Medicare, Medicaid, Private Insurance, Veterans, Champus/Champva, Other Federal, State/Local Government, Workers Compensation, Other Private Insurance, Other Public Insurance, Other Insurance

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Office-based optometrist				x						
Office-based physician assistant				x						
Office-based physical/ occupational therapist				x						
Outpatient department				x						
Outpatient facility				x						
Outpatient physician				x						
Outpatient nonphysician				x						
Emergency room facility				x						

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Emergency room physician				x						
Zero-night stay facility				x						
Zero-night stay physician				x						
Hospital discharge facility				x						
Hospital discharge physician				x						
Dental care visit				x						
General dentist				x						
Orthodontist				x						
Home health agency				x						

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Home health nonagency				x						
Glasses/contact lenses				x						
Other equipment/ supplies				x						
Alternative care (total expenditures only)				x						
Prescribed medicines (expenditures only)				x						

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SAMPLING WEIGHTS AND VARIANCE ESTIMATION										
Person weight	x	x		x		x	x		x	x
Family weight	x			x		x	x		x	x
Stratum	x	x		x		x	x		x	x
PSU	x	x		x		x	x		x	x

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